

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Early childhood Dev. Ctr. New London Date: 11/5/24 Time: 3pm

Location Address: 7 Vaughan St. New London Telephone #: 860437 4550

e-mail address: Aduszad@ctcfa.org License #: 13998 Expiration Date: 6/30/25

Capacity: 71/116 # of Children Present: 9/2 # of Staff Present: 4

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Self report 2024-1169

Observations/Corrections needed:

(NS) 19a-79-4a(d)(3)(D) Staffing-Supervision - Child was capable of using equipment unassisted. Staff immediately responded to the fall.

(NS) 19a-79-5a(a)(3)(A) - Record Keeping- an incident report was provided to the parent same day through pro care app and on the 2nd by text at 7:07 A.M.

(NS) 19a-79-5a(a)(3)(B) Record Keeping - notification of parent. Staff notified parent of the fall twenty-two minutes after the fall via text message.

(S) 19a-79-5a(a)(3)(c)(ii) Record Keeping - notification of OEC - Program failed to notify OEC by the next business day of a diagnosed fracture resulting from an incident at the daycare.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 11/9/24

Signature: Carlyne DeLoreto
Print Name: Carlyne DeLoreto
Signature: [Signature]
Print Name: DIANE OUSZA
(Person in Charge)